



COASTAL GEORGIA BIBLE INSTITUTE AND SCHOOL OF THEOLOGY

Brunswick, GA 31521 ~ coastalgeorgiabible@gmail.com

APPLICATION FOR ADMISSION

Name _____ Date of Registration: _____
First Middle Initial Last

Address: _____

City: _____ State _____ Zip Code _____ Birthdate: _____

Cell Phone: _____ Alternate Phone: _____

E-Mail Address: _____ Occupation: _____

Emergency Contact:

Name _____ Phone _____ Relationship _____

PROGRAMS OF STUDY (SELECT ONE)

Diploma Programs

- Diploma in Biblical Studies
- Diploma in Pastoral Leadership
- Diploma in Church Ministries

Certificate Programs

- Church Ministries Certificate
- Deacons Ministry Specialization Certificate
- Ministry of Helps (Armor Bearer) Specialization Certificate
- Mission Ministry Specialization Certificate
- Lay Counseling Certificate
- Children/Youth Ministry Specialization Certificate

Church Affiliation _____ City _____ State _____

Are you a member of this church? Yes _____ No _____

In what church ministries are you currently involved?

Do you operate an independent ministry? Yes No If yes, what is the name/nature of your ministry?

FORMAL EDUCATION (circle highest grade completed)

Grammar School	6	7	8	9	10	11	12
College	1	2	3	4	Master's Degree	Doctorate	

Name of the College: _____ Years Attended: _____

By signing this application form I am indicating that I am in full agreement with the doctrinal statement of Coastal Georgia Bible Institute and School of Theology. If I am accepted as a student, I agree to abide by the policies set forth in the catalog of the Institute.

Signature _____ Date _____

Send as an E-mail Attachment to institute.dean@gmail.com (You will be invoiced for \$35 application fee)

Or

Mail application plus \$35 fee to

Coastal Georgia Bible Institute
Attn: Admissions
305 Palm Club Circle
Brunswick, GA 31525